



GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

EMS PERSONNEL INFORMATION CHANGE

Type or block print only.

PERSONAL INFORMATION CURRENTLY ON FILE WITH OEMS (Please Complete All Fields)

1. Name

First Name

Middle Name

Last Name

Suffix (i.e., Jr., Sr., II, III)

EMT #

Advanced EMT #

EMT Intermediate #

Paramedic #

Cardiac Technician #

2. Social Security Number

U.S. Social Security Number

*SSN is required to apply for an EMT license and will be kept confidential and used for Internal Identification purposes only.

PERSONAL INFORMATION CHANGE - Check and Complete all that apply

Name

(If your name has changed due to marriage, divorce, legal action, etc. attach a copy of legal documentation)

From:

Last Name

First Name

Middle Name

To:

Last Name

First Name

Middle Name

Social Security Number

U.S. Social Security Number

*SSN is required to apply for an EMT license and will be kept confidential and used for Internal Identification purposes only.

Date of Birth

Month Day Year

THIS IS TO CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY PERSON WHO SHALL GIVE FALSE OR FORGED EVIDENCE OF ANY KIND TO THE DEPARTMENT MAY BE PROSECUTED UNDER OFFICIAL CODE OF GEORGIA SECTION § 16-10-20; AND, THAT FALSE STATEMENTS MAY FURNISH GROUNDS FOR THE DENIAL OR REVOCATION OF A LICENSE.

SIGNATURE

DATE

Complete and Return to: **Personnel Licensing
Office of EMS & Trauma
Georgia Department of Public Health
2600 Skyland Drive NE - Lower Level
Brookhaven, GA 30319**

You may also fax the completed form to 404-679-0526

All requests are processed within 5-7 business days from the date received.